STATE	PLAN	UNDER	TITLE	XIX	of	THE	SOCTAT.	SECURTTY	АСТ

ate Kansas 14-

STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENTS

- I. Aged, blind, and disabled recipients of optional State supplementary payments are eligible for medical assistance as categorically needy under this plan. The payments meet the four conditions specified in 45 CFR 248.2(d), that is, they are:
 - A. Regular, in cash, and based on need;
 - B. Available on a Statewide basis;
 - C. Made to reasonable classifications of individuals who, except for the level of their income, would be eligible for an SSI payment, as described in the supplement to this ATTACHTENT; and
 - D. Equal to the difference between income and the financial standard used to determine eligibility for the supplement.
- II. There are variations in the payment levels by political subdivisions.

✓ No.✓ Yes, as described below:

Not applicable - Kansas does not have an optionable supplementary payments program

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State	Kansa

NOT APPLICABLE

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	1	PLICABLE	:	
Payment Category		Income	Levels	
	Indi	vidual	Co	uple
	Gross	Net	Gross	Net
(1)	(2)	(3)	(4)	(5)
AGED				
Living independently	\$400		\$420	
In Nursing Home				
In Foster Home	·			
With Ineligible Spouse in Household of Another				
Congregate Care Level I Area A				
Area B		·		
Level II				
In Licensed Mini-Home				
BLIND				
(Give similar breakdown)	•		·	
DISABLED				
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	•			
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- Kan	Tr. 0 24 77	Incorp3 11 1.	Effective41	f-6- /

St.				(Give similar breakdown other categories)
Kan Tr. b			·	In nursing home - would not receive supp. payment if outside fac. because income exceeds SSI of State supp. payment level
24/27_t				In nursing home - no State supp. payment program
ncorp& 19/7				In nursing home - would receive supp. payment under diff. payment category if cutside fac.
Jerr				In foster home
Must be age 18 or over to	\$5 in gifts	20	\$400 \$420	Living independently \$
(7)	(6)	(4) (5)	(2) (3) (4	(1)
More restrictive deligibility criteria	Additional Disregards	Couple Gross Net	Income Lev Individual (Gross Net Gr	Payment Category
	NOT APPLICABLE	Kansas	State	((((((((((((((((((((
PAYMENT GROUPS; INCC.	OFTIONAL STATE SUPPLEMENT:	STATE-ADHINISTER	1	UPPLEMENT TO ATTACHMENT 2.6-B